



**INCOME AND EXPENSE QUESTIONNAIRE – FOXBOROUGH, MA
GOLF COURSES
FOR 12 MONTHS ENDING JANUARY 1, 2011: FISCAL YEAR 2012**

**Please Return to:
Town of Foxborough
40 South Street
Foxborough, MA 02035**

**NOTE: THIS IS A TWO SIDED DOCUMENT
NOTE: SIGNATURE IS REQUIRED ON SECOND PAGE**

SECTION I: GENERAL DATA

Please check YES or NO to describe the Course Type:

Course Type	Y	N
Public		
Semi-Private		
Private		

Please fill in to describe Course Type:

Course Age:	
Course Yardage:	
Number of Holes:	
Slope:	
USGA Rating:	
Number of Rounds Played <u>2010</u> :	

Available Amenities-Please check all that apply:

Practice Greens	
Driving Range	
Food/Beverage	
Function/Banquet Hall	
Pro Shop	
Other _____	
Other _____	

SECTION II: ANNUAL INCOME FOR CALENDAR YEAR 2010

Please fill in to determine annual income. If "Other", please describe:

Greens Fees/Guest Fees:	\$
Members' Dues:	\$
Golf Cart Rentals:	\$
Driving Range Charges:	\$
Total Merchandise Sales:	\$
Total Food and Beverage sales:	\$
Other Income: _____	\$
Other Income: _____	\$
Total Annual Income:	\$

NOTE: IF ANY PART OF THE FACILITY IS SUB-LET (RESTAURANT, PRO SHOP, ETC) PLEASE DESCRIBE AND INCLUDE LEASE TERMS ON A SEPARATE SHEET.

SECTION III: EXPENSES FOR CALENDAR YEAR 2010

If entering "Other", please describe.

Expense Type	Amount	Expense Type	Amount
1. Management Fee	\$	20. Maintenance Contract Fee	\$
2. Legal/Accounting	\$	21. Maintenance Supplies	\$
3. Security	\$	22. Maintenance Groundskeeping	\$
4. Payroll	\$	23. Maintenance Trash Removal	\$
5. Group Insurance	\$	24. Maintenance Snow Removal	\$
6. Telephone	\$	25. Maintenance Exterminator	\$
7. Advertising	\$	26. Maintenance Elevator	\$
8. Commissions	\$	27. Insurance (1 Year Premium)	\$
9. Repairs Exterior	\$	28. Reserves for Replacement	\$
10. Repairs Interior	\$	29. Travel	\$
11. Repairs Mechanical	\$	30. Other	\$
12. Repairs Electrical	\$	31. Other	\$
13. Repairs Plumbing	\$	32. Other	\$
14. Utilities Gas	\$	33. TOTAL (Add 1 through 32)	\$
15. Utilities Oil	\$	34. Real Estate Taxes	\$
16. Utilities Electricity	\$		
17. Utilities Water	\$		
18. Utilities Sewer	\$		
19. Maintenance Wages	\$		

IF ANY HOLES HAVE BEEN CREATED OR SIGNIFICANTLY CHANGED IN THE PAST 10 YEARS, PLEASE FILL IN THE COST PER HOLE: _____

SECTION V: SIGNATURE

I certify under the pains and penalties of perjury that the information supplied herewith is true and correct:

Submitted by: (Please print) _____

Title: _____

Signature of owner or preparer: ... _____

Phone with Area Code: _____

Date: _____